

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 24 1942
 Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3615 Aldine St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT
 FULL NAME Mary Ryan

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Nov. 23, 1861
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 1 26 hr. min.

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

12. Name Patrick Ryan

13. Birthplace Ireland
 (City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant John N. Ryan

(b) Address 3615 Aldine St.

17. (a) Burial (b) Date thereof Jan 22, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) Jan 21 1942 (b) J. J. Brudeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3615 Aldine St.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
 year 1942 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from Sept 6, 1941 to Jan 19, 1942
 that I last saw him alive on Jan 19, 1942
 and that death occurred on the date and hour stated above.
 Immediate cause of death Myocardial infarction

Due to age and Arterio Sclerosis

Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
 (e) Means of injury 8

23. Signature J. J. Brudeck (M. D. or other).....

Address 1816 N. Grand Ave Date signed 1-20-42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.